

# APPLICATION FOR BUILDING PERMIT

5

FOR APPLICANT TO FILL IN (Print or type only)

BUILDING ADDRESS			
CITY <b>Rowland Heights</b>		ZIP <b>91745</b>	
SIZE OF LOT <b>65x100</b>		NO. OF BLDGS. NOW ON LOT	
TRACT <b>29966</b>	BLOCK	LOT NO. <b>59</b>	
OWNER <b>Metropolitan Development Corporation</b>		TEL. NO. <b>651-0316</b>	
ADDRESS <b>8447 Wilshire Blvd.</b>			
CITY <b>B. H., Calif.</b>		ZIP <b>90211</b>	
ARCHITECT OR ENGINEER <b>David Freedman</b>		TEL. NO. <b>OL-33852</b>	
ADDRESS <b>113 San Vicente Blvd., B.H.</b>			
CONTRACTOR <b>Metropolitan Dev. Corp.</b>		TEL. NO. <b>189342</b>	
ADDRESS <b>Same as Owner</b>		LIC. CLASS <b>B-1</b>	
CONSTRUCTION LENDER NAME AND BRANCH <b>Unknown</b>			
ADDRESS	CITY		
NO. OF STORIES <b>1</b>	NO. OF FAMILIES <b>1</b>	CHECK ONE	
DESCRIPTION OF WORK		NEW <input checked="" type="checkbox"/>	
Single family residence		ADD <input type="checkbox"/>	
with attached garage		ALTER <input type="checkbox"/>	
REPAIR <input type="checkbox"/>		DEMOL <input type="checkbox"/>	
Is this an existing BLDG.			
APPLICANT (PRINT)		TEL. NO.	
BY (SIGNATURE)			
VALUATION \$			
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.			
SIGNATURE OF PERMITTEE			
ADDRESS			
CITY		TEL. NO.	

MAKE CHECKS PAYABLE TO:  
HARVEY T. BRANDT, COUNTY ENGINEER

## COUNTY OF LOS ANGELES DEPARTMENT OF COUNTY ENGINEER BUILDING AND SAFETY DIVISION

BUILDING ADDRESS <b>1719 Blue Haven Dr.</b>				
LOCALITY				
NEAREST CROSS ST.				
ASSESSOR MAP BOOK		PAGE	PARCEL	
DISTRICT	GROUP	TYPE CONST.	FIRE ZONE	PROCESSED BY
STATISTICAL CLASSIFICATION			SEWER MAP	
, Calif. DWELL. UNITS			BK PG	
USE ZONE	MAP NO.			
SPECIAL CONDITIONS				
ROAD DEPARTMENT APPROVAL REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>				
BLDG. SETBACK FROM FRONT PROP. LINE OF (STREET)				
HIGHWAY	+	YARD	=	TOTAL SETBACK FROM FRONT PROP. LINE
	+		=	
BLDG. SETBACK FROM SIDE PROP. LINE OF (STREET)				
HIGHWAY	+	YARD	=	TOTAL SETBACK FROM SIDE PROP. LINE
	+		=	
CORNER CUTOFF YES <input type="checkbox"/> NO <input type="checkbox"/>				
IN OPEN SPACE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
IN COASTAL ZONE YES <input type="checkbox"/> NO <input type="checkbox"/>				
ENVIRONMENTAL IMPACT				
CATEGORICAL EXEMPTION YES <input type="checkbox"/> NO <input type="checkbox"/>				
EXEMPTION DECLARATION SIGNED (DATE)				
IMPACT REPORT PROCESSED (DATE)				
FINAL DATE				
BY				
P.C. FEE \$		PMT. FEE \$		

TEMPORARY FILE COPY

PLAN CHECK VALIDATION

CK. M.O. CASH

PERMIT VALIDATION

CK. M.O. CASH

170-01-2921 A

3

170-01-2921 A

170-01-2921 A

**APPLICATION FOR ELECTRICAL PERMIT**

5

COUNTY OF LOS ANGELES  
DEPARTMENT OF COUNTY ENGINEER  
BUILDING AND SAFETY DIVISION

## FOR APPLICANT TO FILL IN

OUTLETS		NO.	EACH	FEE	
			\$	\$	
RECEPT. <u>29</u>	TOTAL	FIRST 20	20	.25	5 00
LIGHT <u>14</u>		OVER 20	45	.10	4 50
SWITCH <u>22</u>	TOTAL	FIRST 20	14	.25	3 50
FIXTURES <u>14</u>		OVER 20		.10	
<b>RESIDENTIAL APPLIANCES</b>					
RANGE _____ DRYER _____ WTR. HTR. _____					
STA. COOK _____ DISP. <u>1</u> F.A.U. <u>1</u>					
SPACE HTR. _____ AIR COND. _____					
CLOTHES WASH. <u>1</u> DISHWASH. <u>1</u>					
FAN <u>1</u> OTHER _____					
		5	1.00		5 00
MOTORS, TRANSFORMERS IND. HEATERS, ETC. SIZE & TYPE		RATING HP. KW. KVA. OVER TO			
		0 - 1		1.00	
		1 - 10		3.00	
		10 - 50		5.00	
		50 - 100		10.00	
		100 - 500		15.00	
SIGN, GAS TUBE, OR MARQUEE.	SIGN AND ONE CIRCUIT		5.00		
	ADDITIONAL CIRCUITS		1.00		
SERVICE NOT OVER 600 VOLTS OR 200 AMP		<u>1</u>	3.00	3 00	
SERVICE OVER 600 VOLTS OR 200 AMP			10.00		
TEMP SERVICE, POLE, & APPURTENANCES			5.00		
TEMP LIGHT OR RECEPT. SYSTEM			3.00		
PERMIT FEE (SUB TOTAL)					
PLAN CHECK FEE					
PERMIT ISSUING FEE			3.00	3 00	
TOTAL FEE				24.00	

JOB ADDRESS	1719 blue Haven Dr.	
LOCALITY	Tr#29966 Phase 1 Rowland heights	
NEAREST CROSS ST.		
OWNER OR FIRM NAME	Metropolitan Development	
MAIL ADDRESS	8447 Wilshire Blvd.	
CITY	Beverly hills	TEL. NO. 651-0370
PLAN CHECK APPLICANT		
ADDRESS		
CITY		TEL. NO.
PERMIT APPLICANT	C McGee Electric, Inc.	
ADDRESS	P.O. Box 2186	
CITY	Pomona	TEL. NO. 629-9644
LICENSE OR REG. NUMBER	153378	CLASS. C-10

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

PERMITEE  
SIGNATURE \_\_\_\_\_

DISTRICT NO.	PROCESSED BY	
APPROVALS	DATE	INSPECTOR'S SIGNATURE
TEMP. POWER POLE		
UNDERSLAB WORK		
ROUGH CONDUIT		
WIRING		
FIXTURES		
POWER AUTHORIZED		
UTILITY CO. NOTIFIED		
FINAL		

NOTES:

PLAN CHECK VALIDATION

CK.

M.O.

CASH

PERMIT VALIDATION

CK.

M.O.

CASH

124 90 20 2 A

24.00

## ELECTRICAL PERMIT FEE SCHEDULE

Issuing Permits, Each	\$ 3.00
For Receptacle, Switch, Lighting Outlets, First 20, Each	.25
Additional, Each	.10
For Lighting Fixtures, First 20, Each	.25
Additional, Each	.10
For Mercury Vapor-Type Lighting Fixtures, Each	.50
For Pole or Platform-Mounted Fixtures, Each	.50
For Theatrical-Type Lighting Fixtures, Each	.50
For Temporary Lighting or Receptacles, Each Installation	3.00
For Fixed Residential Appliances Not Exceeding 1 HP, Each	1.00
For Fixed Factory-Wired Non-Residential Appliances Not Exceeding 1 HP, KW, or KVA, Each	1.00
For Motors, Generators, Transformers, Rectifiers, Converters, Capacitors, Industrial Heating, Cooking or Baking Equipment, and Other Power Apparatus.	
Rating in HP, KW, or KVA	
Up To and Including 1, Each	1.00
Over 1 and Not Over 10, Each	3.00
Over 10 and Not Over 50, Each	5.00
Over 50 and Not Over 100, Each	10.00
Over 100 and Not Over 500, Each	15.00
Over 500, Each	25.00
Note: 1. For Equipment or Appliances Having More than One Motor or Heater, the Sum of the Combined Ratings May Be Used.	
2. These Fees Include All Switches, Circuit Breakers, Contactors, Relays and Other Directly Related Control Equipment.	
For Trolley and Plug-In Type Busways, Each 100 Feet or Fraction Thereof	2.00
Note: An Additional Fee Will Be Required for Lighting Fixtures, Motors and Other Appliances That Are Connected to Trolley and Plug-In Type Busways. No Fee is Required for Portable Tools.	
For Signs, Outline Lighting and Marquees:	
For One Sign and One Branch Circuit, Each	5.00
For Additional Branch Circuits, Each	1.00
For Separately Installed Flashers, Timers or Other Control Devices, Each	1.00
For Services Not Over 600 V or 200 Amps., Each	3.00
For Services Over 600 V or 200 Amps., Each	10.00
For Temporary Service, Power Pole, and Appurtenances, Each	5.00
For Miscellaneous Conduits and Conductors (Not Applicable Where a Fee is Otherwise Required Herein)	1.00
For Special Inspections, Per Hour	10.00

## APPLICATION FOR PLUMBING PERMIT

5

COUNTY OF LOS ANGELES  
DEPARTMENT OF COUNTY ENGINEER  
BUILDING AND SAFETY DIVISION

MAKE CHECKS PAYABLE TO:

HARVEY T. BRANDT, COUNTY ENGINEER

Lot 59 Plan A C Tr 29966

BUILDING  
ADDRESS

1719 Blue Haven Dr.

LOCALITY

La Puente

NEAREST  
CROSS ST.

OWNER

Metro. Dev. Corp.

MAIL  
ADDRESS

8447 Wilshire Blvd.

CITY

Beverly Hills

TEL. NO.

651-0370

CONTRACTOR

The Gluck Co.

ADDRESS

Box 111 - Kester Annex

CITY

Van Nuys

TEL. NO.

781-3380

STATE  
LICENSE NO.

169534

LIC  
CLASS

C-26

DISTRICT NO.

GROUP

ZONE

PROCESSED BY

INDUSTRIAL  
WASTE APPROVAL

INSPECTION RECORD

APPROVALS

DATE

INSPECTOR'S SIGNATURE

UNDER SLAB WORK

ROUGH PLUMBING

GAS PIPING

GAS VENT

HOT WATER HEATER

PLUMBING FIXTURES

GAS TEST

UTILITY CO. NOTIFIED

FINAL

PERMIT VALIDATION

CK. M.O. CASH

FOR APPLICANT TO FILL IN (PRINT OR TYPE)			
NUMBER	FIXTURE OR ITEM	@	FEE
2	WATER CLOSET	1.75	3 50
1	BATH TUB	1.75	1 75
1	SHOWER	1.75	1 75
2	LAVATORY	1.75	3 50
1	SINK	1.75	1 75
1	DISHWASHER	1.75	1 75
1	CLOTHES WASHER	1.75	1 75
	SWIMMING POOL RECEPTOR	1.75	
	LAWN SPRINKLER SYSTEM	1.75	
1	WATER HEATER	1.75	1 75
1	GAS SYSTEM 5 OUTLETS	1.75	1 75
	OUTLETS OVER 5 PER SYSTEM	.30	
Plan check fee		See Reverse	
PLUMBING PERMIT ISSUING FEE \$		3	00
TOTAL FEE		22	25
Plan check applicant			
Name			
Address			
City - Tel. No.			
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING.			
I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.			
SIGNATURE OF PERMITTEE			

PLAN CHECK VALIDATION

CK. M.O. CASH

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2 2 5 +

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# APPLICATION FOR PERMIT HEATING - VENTILATING - AIR CONDITIONING

5

COUNTY OF LOS ANGELES  
DEPARTMENT OF COUNTY ENGINEER  
BUILDING AND SAFETY DIVISION

## FOR APPLICANT TO FILL IN

(PRINT OR TYPE ONLY)

NO.	TYPE OF APPLIANCE OR EQUIPMENT	FEE
	ABSORPTION UNIT, BTU _____	
	AIR HANDLING UNIT, CFM _____	
	BOILER, BTU _____	
	COMPRESSOR, BTU _____	
	VENTILATION SYSTEM _____	
	EVAPORATIVE COOLER _____	
1	FURNACE: FAU. <u>X</u> GRAVITY FLOOR _____ BTU <u>80M</u>	5 00
	HEATER: SUSPENDED _____ UNIT WALL _____	
	Plan check fee 25% of above. See reverse.	
	PERMIT ISSUING FEE \$	3 00
	TOTAL FEE	8 00

### PLAN CHECK APPLICANT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ TEL. NO. \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION  
AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY  
WITH ALL ORDINANCES AND LAWS REGULATING HEATING, VENTI-  
LATING, AIR CONDITIONING.

I HEREBY CERTIFY THAT I AM NOT ACTING IN VIOLATION  
OF CHAPTER 9, DIVISION 3, OF THE BUSINESS AND PROFESSIONAL  
CODE OF THE STATE OF CALIFORNIA.

SIGNATURE  
OF PERMITTEE*Carol Dye*

### PLAN CHECK VALIDATION

CK. M.O. CASH

BUILDING ADDRESS	1719 BLUE HAVEN DR		
LOCALITY	LA PUENTE		
NEAREST CROSS ST.	TR 29966 LOT 59		
OWNER	METROPOLITAN		
MAIL ADDRESS			
CITY	TEL. NO.		
CONTRACTOR	RI NEY A/C		
ADDRESS	1441 S ANAHEIM BLVD		
CITY	ANAHEIM TEL. NO. 774-8120		
STATE LICENSE NO.	158688	LIC. CLASS	C20

DISTRICT NO. GROUP ZONE PROCESSED BY

### INSPECTION RECORD

APPROVALS	DATE	INSPECTOR'S SIGNATURE
ROUGH		
FINAL		

### PERMIT VALIDATION

CK. M.O. CASH

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328 MC 2041 A

8.00

## PLAN CHECK FEE REQUIREMENTS

Ordinance No. 9544 the Mechanical Code requires a plan check fee to be paid at the time of submitting plans and specifications for the installation of comfort heating and cooling systems, refrigeration and ventilating systems and hoods for the following:

1. Any Group A, B, C, D, or E Occupancy.
2. New buildings having an aggregate floor area of 15,000 square feet and over.
3. Installations other than those listed in items 1 and 2 above where the aggregate BTU input capacity for either comfort heating or comfort cooling is 1,000,000 BTU and over, or installations containing a single comfort heating or comfort cooling air handling system with a capacity of 10,000 cubic feet per minute or more.

## PERMIT FEES

For the installation, alteration or relocation of each refrigeration compressor or absorption unit, and for each fuel burning furnace, heater, boiler, and vented decorative appliance including vents attached thereto:

Up to and including 100,000 BTU. . . . .	\$ 5.00
More than 100,000 BTU to and including 500,000 BTU. . . . .	7.50
More than 500,00 BTU to and including 1,000,000 BTU. . . . .	10.00
More than 1,000,000 BTU to and including 2,000,000 BTU. . . . .	15.00
More than 2,000,000 BTU. . . . .	25.00

For the installation, relocation or replacement of each appliance vent installed and not included in an appliance permit. . . . . 2.00

For each air handling unit for air conditioning including ducts attached thereto:

Up to and including 2,000 CFM. . . . .	2.00
More than 2,000 CFM to and including 10,000 CFM. . . . .	5.00
More than 10,000 CFM. . . . .	10.00

NOTE: This fee shall not apply to an air handling unit which is a portion of a factory assembled air conditioning appliance for which a permit is required elsewhere in this code.

For each evaporative cooler other than portable type. . . . .	3.00
For each required ventilating fan connected to a single duct. . . . .	2.00
For each required ventilating system. . . . .	4.00
For the installation of each hood or spray booth served by mechanical exhaust, including the fans and ducts attached thereto. . . . .	5.00

NOTE: For refrigerator system ratings one horsepower, one ton, or 12,000 BTU per hour shall mean the same quantity.

1719 Blue Haven Dr.  
La Puente

LOCALITY

NEAREST  
CROSS ST.

## FOR APPLICANT TO FILL IN

LEGAL DESCRIPTION LOT NO. 59  
 BLOCK TRACT 29966

E OF LOT NO. OF BLDGS.  
 E OF NOW ON LOT

BLDGINGS 196

CONTRACTOR Wilcox &amp; Wilcox Sewer Corp.

ADDRESS P. O. Box 140

CITY Newhall TEL. NO. 795-0483

PERMIT NO. 232054 LIC CLASS C-42

DESCRIPTION OF WORK	FEE	
HOUSE SEWER CONNECTING TO PUBLIC SEWER @ \$7.00		7 00
SEPTIC TANK, SEEPAGE PIT OR PITS AND/OR DRAINFIELD @ \$10.00		
HOUSE SEWER CONNECTING TO PRIVATE DISPOSAL SYSTEM @ \$3.00		
CONNECT ADDITIONAL BLDG. OR WORK TO HOUSE SEWER @ \$3.00		
OVERFLOW SEEPAGE PIT, DRAINFIELD EXTN., CESSPOOL, DRYWELL @ \$5.00		
ALTER, REPAIR OR ABANDON HOUSE SEWER OR DISPOSAL SYSTEM @ \$3.00		
MANHOLE @ \$7.00		

OWNER'S PERMIT \$ 3 00  
 AUTHORIZATION TOTAL FEE 10 00

APPLY AT THIS DATE A CONTRACT WITH THE HEREIN NAMED CONTRACTOR TO CONNECT THE ABOVE DESCRIBED EXISTING DWELLING TO THE PUBLIC SEWER.

SIGNED THIS DAY OF 19

OWNER OR  
 AGENT

ADDRESS

HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING SEWERING AND SEWERS.

HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN, THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE  
 OF PERMITTEE

CITY Bay Hills TEL. NO. 451-0370

DISTRICT NO. GROUP BK MAP PG PROCESSED BY

## CONNECTION DATA

STATION 1+77 DEPTH 4' UPPER LOWER

MANHOLE REFERENCE 77+5.5

TYPE OF CONNECTION CURB P.L. LENGTH FROM M.L. TO P.L.

CO. IMP. NO. P.C. NO. JOB NO.

TRUNK PERMIT NO. ROAD PERMIT NO.

AFFIDAVIT WAIVER EASEMENT RECORD. INSTR. NO. DATE

HWY. OR ST. WIDENING

STATE ENCROACHMENT PERMIT NO.

INDUSTRIAL WASTE APPROVAL

## CHARGES

CONNECTION CHARGE FEE

REIMBURSEMENT FEE

## APPROVALS

DATE INSPECTOR'S SIGNATURE

NEW HOUSE SEWER

CONNECT ADDITIONAL BUILDING OR WORK

SEPTIC TANK, SEEP, PIT(S) AND/OR DRAINFIELD

CESSPOOL ☐ DRYWELL ☐

ALTER, REPAIR, SEWER OR SEWAGE DISPOSAL SYSTEM

DISCONNECT PLUG AND ABANDON HOUSE SEWER

BACKFILL SEPTIC TANKS ☐ SEEP, PIT(S) ☐ CESSPOOLS ☐

## VALIDATION

C.K.

M.O.

CASH

075 JAN 18 1960 A

10.00-

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